Bureau of TennCare
IS Policy Manual

Revised--10/10/08

Policy No: BTC-Pol-Enc-200701-003	
Subject: MCC Payments Made Directly to Members	
Approval: Encounter Policy Workgroup	Date: 06/22/2007

PURPOSE OF POLICY STATEMENT: To clarify TennCare's position on the reporting of benefit payments made by the MCC directly to TennCare plan members.

POLICY:

Payments made directly to a TennCare plan member should be reported to TennCare as an encounter claim transaction with a generic provider identifier of MBRPAID as the Billing Provider. A generic taxonomy code should be sent for the Billing Provider in order to bypass NPI edits. This taxonomy code is 174400000X [other service provider, specialist, miscellaneous]. The actual provider of the service must be reported as the Rendering Provider. All additional required encounter information must be reported. Refer to the HIPAA Implementation Guides and TennCare EDI Companion Guides for more information.

Exceptions:
None

DEFINITIONS:

EDI – Electronic Data Interchange
HIPAA – Health Insurance Portability and Accountability Act
MCC – Managed Care Contractor
TCMIS – TennCare Management Information System
TennCare or TennCare Program – The program administered by the single state agency, as designated by the state and CMS, pursuant to Title XIX of the Social Security Act and the

Section 1115 research and demonstration waiver granted to the State of Tennessee and any successor programs.

REFERENCE DOCUMENTS:

HIPAA Implementation Guides
S:\HIPAA\Documentation\Transaction Guides\X12 Transactions Version 4010
TennCare HIPAA EDI Companion Guides
http://www.state.tn.us/tenncare/HIPAA/EDI.htm

OFFICES OF PRIMARY RESPONSIBILITY:

- TennCare IS Division—to ensure that encounters are submitted to TennCare in the approved format
- Information Systems Management Contractor – to process encounters through the TCMIS system
- MCCs - to follow transaction requirements